DOCUMENT RESUME

ED 227 970 RC 013 659

AUTHOR Coyle, Jean M.
TITLE Attitudes toward Provision of Services to the Elderly in Rural Communities: Two Case Studies.
SPONS AGENCY Eastern Illinois Univ., Charleston.
PUB DATE Nov 82
NOTE 22p.; Paper presented at the Gerontological Society of America (Boston, MA, November 1982).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Amish; *Community Involvement; *Family (Sociological Unit); Helping Relationship; *Older Adults; *Rural Farm Residents; Rural Population; *Self Help Programs; *Social Support Groups; Transportation
IDENTIFIERS *Illinois (Central)

ABSTRACT

Two Central Illinois farming communities (one Amish and one non-Amish) were selected for this study on the basis of preliminary interviews with individuals knowledgeable about communities in this geographic area in which residents generally assist one another in times of need, rather than seek outside help. Residents of Amish communities and some other small, traditional, non-Amish (English) rural communities often prefer to provide various types of services, such as hot meals for invalids, housekeeping services for the frail, and transportation for themselves and their neighbors, rather than seeking such service provision through formalized programs, like Meals on Wheels and Home Health Aides. Three primary areas of interest in each interview were: (1) perception of need for services by older residents of the subject's community; (2) perception of means by which services presently were being provided to older residents; and (3) attitude toward utilization by older residents of services provided through organized, outside agencies/programs. Both communities felt that various kinds of services for/to the elderly "had been," "were being," and probably "always would be" most effectively provided by community residents, without reliance on externally initiated services. (AH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED227970

DEC 1982
RECEIVED
ERIC/CRESS

ATTITUDES TOWARD PROVISION OF SERVICES TO THE ELDERLY IN RURAL COMMUNITIES: TWO CASE STUDIES[1]

JEAN M. COYLE[2]

Paper presented at the Gerontological Society of America (Boston, MA, November, 1982).

[1]This research was partially supported by two Faculty Research Grants from Eastern Illinois University, Charleston, Illinois, 61920. Acknowledgment for assistance in this project is given to all subjects who willingly gave their time for interviews and to individuals familiar with both communities who provided information about the communities.

[2]Ph.D., Assistant Professor, Gerontology Program, School of Home Economics, Eastern Illinois University, Charleston, Illinois, 61920.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Jean M. Coyle

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

RC013659

Abstract

ATTITUDES TOWARD PROVISION OF SERVICES TO THE ELDERLY IN RURAL COMMUNITIES: TWO CASE STUDIES.
Jean M. Coyle, Ph.D., Eastern Illinois University, Charleston, Illinois, 61920.

Ss in two rural communities in Central Illinois were surveyed on their attitudes toward service provision to the elderly. The two communities were selected for study because of their reputation for community residents providing supportive services for family members, neighbors, and themselves, as they grow older, and because residents specifically do not participate in structured programs of service provision. Primary emphases in this study were the perceived needs for services to the elderly, how needs for services are being met, and factors contributing toward attitudes of self-help and provision of services to the elderly. In effect, consideration was made of the "non-acceptor syndrome," reported in previous research on the rural elderly. In both communities studied, a strong component of independence and desire to take care of self, family, and neighbors was found. There was a positive emphasis on providing such care, rather than a negative emphasis on resisting formal means of assistance. These communities may, through their normative structures, serve as models of community self-help procedures.

Informal caregiving to the elderly viewed as a basic component of life in two rural communities in Central Illinois was the focus of this research.

> The growth of rural areas has created a greater awareness on the part of community planners and residents of the existence of all types of human service programs. Consequently, human service programs have expanded in rural areas, although services for the elderly are still significantly lagging behind those available in urban areas (Coward, 1979).

The prevailing attitude of independence held by elderly residents of a rural community has been one reason for this discrepancy (Aday, 1982).

Previous research has indicated a high level of informal caregiving for the impaired elderly in the community, which informal support appears to delay or to avoid institutionalization (Arling and McAuley, 1981). Barresi et al. (1981) found that environmental satisfaction and neighborhood sociability were key determinants of well-being in later life. Three parameters of social support--1) impaired roles and available attachments, 2) impaired perceived social support, and 3) impaired frequency of social interaction--significantly predicted thirty-month mortality in both crude and controlled analyses in a community sample of older adults (Blazer, 1982).

Recent research indicates that family members are the primary informal resources for both instrumental service and socio-emotional support at every phase of the individual's life course (Lipman and Longino, 1980). The role of family members in helping networks has shown that people are more likely to turn first to family for assistance, then to friends and neighbors, and lastly to social agencies (Shanas, 1979). Older individuals geographically set apart in rural areas may be especially dependent on the local area for support. In addition to some amount of geographic isolation, rural elderly individuals have been found to have such dominant values as independence, ambition (hard-working nature), freedom, sense of accomplishment, logic, conservatism, integrity, and responsibility (White, 1977). Auerbach (1976) notes

> The attitude of the rural aged emphasizes the singularity, independence, isolation, and individualism that are a reflection of the psychology of rural living.

There is, also, a strong emphasis on reciprocity among the rural elderly (Hooyman, 1980). Perhaps the inability of the rural elderly to reciprocate fully the assistance which might be provided by a federal, state, or even local social service program may explain, in part, the reluctance of rural, older persons to accept such help. Also, the rural elderly have been found to know less about available social services, to be more indifferent

or hostile [than urban elderly] to government-supported programs, and to be more difficult to mobilize for participation in social programs. The long neglect of rural areas by social programs and infringement on individual privacy also are seen as inhibiting factors in participation by rural, elderly persons in social service programs (Harbert and Wilkinson, 1979). Moen's study (1978) of Oregon's rural elderly revealed a "non-acceptor syndrome," which involved "a striving for independence, hostility toward welfare, and denial of need." Moen found that this syndrome may even be so strong that it leads to denial of need while using services, refusal to use services for which a need is expressed, or even denial of acceptance of assistance that is actually given. If elderly residents in this study could perceive of services as having been "earned," they were more willing to utilize them, especially so when a fee or minimal donation was required. (Moen did conclude, however, that the reluctance to admit need and to use services may be more a function of social class than of rural upbringing or current rural residence.)

Interest in perception of caregiving to the elderly by family, friends, and neighbors in two small and relatively cohesive rural communities which, traditionally, have neither sought nor accepted assistance

from structured social service programs, led to the formulation and implementation of this study.

METHODOLOGY

Two Central Illinois farming communities were selected for this study on the basis of preliminary interviews with individuals knowledgeable about communities in this geographic area in which residents generally assist one another in times of need, rather than seek outside help. The two communities were chosen on the basis of knowledge that residents of Amish communities (such as one of the two groups studied here) and of some other small, traditional-thinking, non-Amish (English) rural communities often prefer to provide various types of services, such as hot meals for invalids, housekeeping services for the frail, and transportation for themselves and their neighbors, rather than seeking such service-provision through formalized programs, such as Meals on Wheels and Home Health Aides. The proximity of these communities to the researcher's geographic base and the relatively small size of the communities made them apt subject communities for this research project.

A "snowballing" sampling technique was used to question a sample of residents on their attitudes toward self-help and giving assistance to others, especially to older persons. Based on counsel from persons living within and outside the communities to be studied, the researcher made initial contacts very carefully.

Obtaining names of potential subjects from individuals who knew the communities well, the researcher began interviewing the persons recommended as potential subjects. Caution had been advised (especially with regard to the non-Amish community) because if an influential person in the community were approached and refused to cooperate, his/her opinion would be likely to stifle further interviews with other residents. The researcher was advised by early contacts to establish openly and immediately what kind of research she was doing, and for what purpose, so that she would gain the trust of, and acceptance by, community residents. By making a cautious, but open, initial approach into the community, the researcher felt that she was viewed positively and without apprehension by interview subjects.

The three primary areas of interest in each interview were:

1) perception of need for services by older residents of the subject's community
2) perception of means by which services presently were being provided to older residents
3) attitude toward utilization by older residents of services provided through organized, outside agencies/programs.

A complete set of questions included in the interview schedule is provided in Appendix I.

THE AMISH AS AN IDEAL TYPE

The present-day Amish may serve as an "ideal type," illustrating a communal society with close, personal family contacts among members of all ages, a society usually localized in small, cohesive communities "where everyone recognizes and knows many things about all other members, rejoices in all births, grieves over all deaths, and offers aid to anyone in trouble" (Cavan, 1978). In contrast is the larger, urban society, in which contacts, generally, are impersonal, family members "live separate lives and split into individual or nuclear units, professional and special interest groups tend to replace kinship groups, and aid comes from formal agencies" (Cavan, 1978).

> In closed, cohesive, religious societies, such as the Amish, secure interpersonal family relations, established in childhood, continue until death in old age...In secular, urban society, the individualism and the nuclear family often leave the old person emotionally stranded" (Cavan, 1978).

In describing the communal Amana Colony situation, Streib (1975) called it "a totally supportive and benign environment for older people"; the same can be said of the Amish.

As in some other rural groups, the Amish "have kept their own culture, for the most part, unmolested by inroads of American culture around them" (Browning, 1971). Maintaining strong kinship ties has been seen as essential. The close-knit family extends to the elderly, with a "grossdawdyhaus" being connected to the larger farmhouse when an Amish couple grows older. However, older Amish men

and women, although retiring from full-time farming, will continue to contribute to the total collectiveness of the group (Browning, 1971). "No Amish person has ever been on relief, although hardship cases were not uncommon during the 30's" (Browning, 1971). Cavan (1978) lists several reasons why such a supportive, and apparently satisfying, lifestyle for the older Amish person is possible:

> preservation of traditional methods of farming and housekeeping which prevent the old from becoming outdated, a continuing position of prestige and authority for the elderly, honoring the old seen as an essential part of the religious system, large number of children assuring a family group, and communal lifestyle leading to close working relationships (Cavan, 1978).

Because the Amish follow the Biblical admonition against the "unequal yoke," they join no non-Amish organizations, including insurance companies, for example. Instead, Amish people provide for individuals within their own communities through a practice called mutual aid (Ping, 1975).

Amish children will not put their parents or other older relatives into nursing homes. Rather, a useful and contributing role is anticipated as an Amish person grows older. When an Amish man "retires," he and his wife move to a "grossdawdy" (grandparents) house on the farm, turning over the main residence to a son or daughter. Both grandparents will continue to help with farm chores, household duties, etc. A spirit of respect for older Amish persons was evident in these interviews. As Ping

(1975) noted, the elderly

> are respected for the experience and the advice they can give. The elderly are made to feel useful and loved cared for until they die.

"The security afforded by kinship and community sharing and the satisfaction in offering freely of one's resources to others in need are powerful rewards of Amish life" (Stoltzfus, 1977). One of Stoltzfus' Amish respondents declared:

> If I would have financial trouble or sickness or any need of help whatsoever, [I would] have the knowledge that my brothers and sisters in the church would take care of me and not treat me like a dog. So many people would want to come help, you wouldn't know who to ask to come" (Stoltzfus, 1977).

AMISH SUBJECTS IN ILLINOIS

The Amish individuals interviewed for this study, essentially, fulfilled predictions based on information available about Amish lifestyle. Such services as transportation, housekeeping, some nursing care, and meals were perceived as being needed by some persons as they grow older. Usually, the family members provide these services. The grossdawdyhauses built near, or connected to, the main farmhouses and lived in by grandparents, make accessibility to provide such services a little problem for most Amish families. Indeed, the proximity of the grandparents also allows them to reciprocate the provision of services. One Amish woman was interviewed in the midst of washing the kitchen walls and ceiling of her former home (now lived in by her son and his family) because her

daughter-in-law was pregnant and could not climb to do the washing. According to one subject, usually it is the decision of the older person(s) to move to a smaller house and to let a son or daughter and his/her family assume direct management of the farm or other business. Usually, the oldest child gets the "homeplace."

Amish children, generally, have committed themselves to caring for their parents, when parents become older and need particular kinds of help. Almost all of the children in what are, typically, large families continue to live in the same geographic area in which they were raised and where their parents still reside. The children take turns caring for older parents and other older relatives. In some cases, when extensive nursing care is needed, a parent may move into a child's home until the parent is able to go back to his/her own home.

Older, unmarried individuals may live with a sister's or brother's family after their own parents have died. A 36-year-old female subject reported Amish women choosing "secret sisters" from among elderly "girls" (single, never married women) and widows and doing special things for these women, such as sending them letters and gifts. Once a month, a small group of Amish women will visit older women on a Sunday afternoon. An annual reunion of younger and older women provides an opportunity for secret sisters to be revealed.

Financial needs are covered by the church, if an Amish family cannot manage expenses. Elderly persons pay for medical services themselves, for example. If they don't have the money and the church considers the expense legitimate, costs will be covered. Thirteen to 14 small church groups cooperate with one another in meeting such expenses. The Amish Hospital Aid Program has as its motto "helping each other in need."

Most Amish persons take care of themselves until they can't. A small, Amish-run nursing home is a fairly recent development. Only a few persons live there, based on subjects' reports. One unmarried woman reportedly moved there when her brothers and sisters moved away from the area; one woman who had lived with her brother went to the nursing home when she "lost her mind."

A 31-year-old homemaker with seven children said her family wants to share in helping older relatives. Her mother-in-law, she mentioned, planned to care for her (the mother-in-law's) father, who was in a wheelchair. Even children who have moved away try to come home to help in caring for older relatives. The homemaker reported that her grandmother had lived with her family while she (the subject) was growing up--" I learned patience, and my grandmother learned patience in that role."

"People would get along better, if they'd help each other more," the same young homemaker reported.

"Helping each other is a nice way to communicate and to build relationships. My neighbor is about as old as my mother, and I enjoy asking her how to do things and letting her help me...I don't know what I'd do without close neighbors."

Based on these interviews with Amish persons in this Central Illinois community, the conclusion is that there are needs of the elderly perceived by community residents, but that these needs are being met adequately within the Amish groups themselves, without recourse to utilization of services available through structured programs. "Outside" groups are seen as "not needed."

RURAL NON-AMISH SUBJECTS

Among the rural, non-Amish subjects interviewed, perceptions of services needed by the elderly were similar to the reported perceptions of the Amish subjects. In this second community, many current residents grew up in the community and are related to one another. According to subjects, "neighboring" is an important value for community residents. "Even people who don't socialize will help you," one subject said. "If anyone is hurt bad [sic], their neighbors farm for them," responded another subject.

One resident stated, "Often, people have a mistrust of government," and mentioned that residents "resent the prying of outside programs. This same woman said, "You can only help [people] to a certain degree--they don't want

to feel obligated." People like to exchange help, she indicated. "You must carry your weight to be respected neighbors. Among the examples of help given by this subject was the story of a woman who had undergone hip surgery and who needed her leg bathed every day. Every day for two weeks, it was reported, one lady would volunteer to do that, with each taking turns accomplishing this task.

The consensus from the subjects in this rural, non-Amish community seemed to be that people have "pretty much always been neighborly," "neighbors help each other," "people used to help other more [than they do now], but most people still help each other," and "people want to help their neighbors." One younger woman subject related that her family and a 68-year-old bachelor neighbor had "adopted each other." "I want to expose my children, so they'll feel comfortable with older people....Older people have a fantastic attitude about living, being alone--they cope with what they can do now and make the best of it."

Most people in this community were reported to have lived there most of their lives, to continue to live at home even when they become older and/or ill, and most have their needs met by relatives, friends, and neighbors.

SUMMARY AND CONCLUSION

Both groups studied in this research--the Amish community and the nearby rural town in Central Illinois--exemplify the typical characteristics and the spirit of

the communal society described by Cavan. Individuals were reported, in both of these groups, basically to retain a spirit of neighboring and a great degree of care and concern for other community residents. Transportation, housekeeping, nursing care, meals, and financial assistance were among services needed by the elderly, as perceived by residents in the two communities studied. Informal caregiving by family members, friends, and neighbors is the primary means, presently, of service-provision of diverse types to older individuals in the Amish and non-Amish communities. Both Amish and non-Amish interviewees felt that various kinds of services for/to the elderly "had been," "were being," and probably "always would be" most effectively provided by community residents, without reliance on externally-initiated services. Among characteristics noted of rural residents in both communities were independence, individualism, responsibility, desire to help others, and desire to reciprocate assistance received. These factors appeared to have led to a desire to help one's self and others, without dependence on formalized programs offering social services.

Why is such a natural helper, or mutual support, network, possible and evident in both of these communities? Many of the residents in both communities are related to one another and, thus, have kinship ties, which may reinforce a filial support approach to service-provision.

Individuals in both groups tend to be lifelong residents of the area and, therefore, to have stayed close, in terms of geographical proximity, to family members and friends, making provision of assistance possible and logical. In addition, a system of reciprocity has developed which allows people to receive help when needed, but also to reciprocate by providing assistance to others. In both groups, too, is found traditional role-playing. Women, generally, are full-time homemakers, and are avilable to provide the meals, nursing care, etc., needed by relatives, friends, and neighbors. Due to some geographical isolation because of the rural nature of the communities studied, individuals may not have had ready access to formal assistance programs and may have learned to depend on themselves. The spirit of independence thus engendered may not be easily or quickly surrendered, in order to take advantage of structured help systems. There is also seen a desire not to be "regulated" by governmental bureaucracies.

Hooyman and Scott (1979) have noted the appropriateness of the mutual help model in rural areas because it is consistent with rural values and with natural helping systems of friends and neighbors. "The rural elderly may offer us models for life which require...self-sufficiency, sacrifice, and independent creativity (Harbert and Wilkinson, 1979). While service-provision to the elderly cannot, perhaps, be completely implemented through such natural helping

networks as have been described in this study, these evidences of mutual assistance do provide viable models of "neighboring" techniques and networks that have been, and continue to be, successful.

APPENDIX I.

COMMUNITY SURVEY INTERVIEW SCHEDULE

1. Name of informant
2. Position of informant
3. Length of informant's residence in community
3. Name of community
5. Sex of informant
6. Age of informant
7. About how many older persons (65+) would you estimate are living in your community?
8. What types of needs do you think these older persons have?
9. What needs do you think these older persons, or other persons as they grow older, will have in the future?

   For example: a. financial assistance, b. legal advice, c. referral to appropriate service programs, d. transportation, e. homemaker service, f. nursing care, g. health care, h. social/recreational programs, i. educational programs, j. other.
10. How are these needs currently being met, now, in your community?
11. Who provides the services presently?
12. Are any services to the elderly provided by organized, outside agencies?
13. How do you feel about using services provided through organized, outside agencies?

14. Why do you feel this way?

15. How do you feel about other communities, similar to yours, helping themselves?

16. Would you advise such communities to use the services of structured agencies to help older citizens?

17. Why or why not?

18. Are there other leaders, such as yourself, who might be willing to answer these questions for me?

REFERENCES

Aday, R. H., & Miles, L. A. Long-term impacts of rural migration of the elderly: implications for research. Gerontologist, 1982, 22, 331-336.

Arling, G., & McAuley, W. J. The feasibility of public payments for family caregiving: policy and impact. Paper presented at Gerontological Society of America annual meeting, Toronto, Canada, 1981.

Auerbach, A. J. The elderly in rural and urban areas. In L. Ginsberg (Ed.), Social Work in Rural Communities. Council on Social Work Education, 1976.

Barresi, C. M., Ferraro, K. F., & Hobey, L. L. Environmental satisfaction, sociability, and well-being among the elderly. Paper presented at Gerontological Society of America annual meeting, Toronto, Canada, 1981.

Blazer, D. G. Social support and mortality in an elderly community population. American Journal of Epidemiology, 1982, 115, 684-694.

Browning, C. Amish in Illinois. 1971.

Cavan, R. S. Roles of the old in personal and impersonal societies. The Family Coordinator, 1978, 315-319.

Coward, R. F. Planning community services for the rural elderly: implications from research. Gerontologist, 1979, 19, 275-282.

Harbert, A. S., & Wilkinson, C. W. Growing old in America. Aging, 1979, 291-292, 36-40.

Hooyman, N. R. Mutual help organizations for rural older women. Educational Gerontology International Quarterly, 1980, 5, 429.

Hooyman, N. R., & Scott, N. A mutual help model for rural older women. Paper presented at Gerontological Society of America annual meeting, Washington, D.C., 1979.

Lipman, A., & Longino, C. F. The wife, the widow, and the old maid: support network differentials of older women. Paper presented at Gerontological Society of America annual meeting, San Diego, California, 1980.

Moen, E. The reluctance of the elderly to accept help. Social Problems, 1978, 25, 293-303.

Ping, J. A. Where past meets present: a history of the Arthur Amish. Arthur, Illinois: 1975.

Shanas, E. The family as a social support system in old age. Gerontologist, 1979, 19, 169-174.

Stoltzfus, V. Reward and sanction: the adaptive continuity of Amish life. Mennonite Quarterly Review, 1977, 51, 308-318.

Streib, G. F., & Schneider, R. Communes and the aging. American Behavioral Scientist, 1975, 19, 176-189.

White, M. A. Values of elderly differ in rural setting. Generations, 1977, 6-7.